

Annual Activities Report for Member Fraud Investigations Medicaid Fraud Program

Due to Health Care Policy & Financing each July 31st
hcpf_report.clientfraud@state.co.us

County: _____

State Fiscal Year: _____

Section 1

County Human/Social Services Medicaid Fraud Activity						
Investigation of Client Fraud	Termination of Client Medicaid Benefits from Investigations	Recoveries				
		Fraud Recoveries by County (\$)	Non-fraud Recoveries by County (\$)	Fines and Penalties (\$)	Restitution Ordered (\$)	Restitution Paid (\$)

Section 2

District Attorney Investigations				
Number of Criminal Complaints	Number of Cases Dismissed	Number of Cases Acquitted	Number of Convictions	Number of Confessions of Judgment

Completed by: _____

Date: _____

Phone number: _____

Email address: _____